

A Dental Plan That Helps Pay for Vision Expenses



Flexibility for you and your employees

Dental and vision benefits share one policy, one enrollment form, one payroll entry and one bill. You choose how vision benefits are applied to the plan maximum. Your employees and their families choose how to spend their benefit dollars.

Dental benefits

- Choose an Ameritas dental network plan for maximum savings*.
- Offer coverage for Preventive, Basic and Major procedures (orthodontia benefits optional).
- Ask about Dental Rewards® to help increase a member's annual dental maximum*.

Vision benefits

- Choose a vision plan below to accompany the selected dental plan.
- Members visit the vision provider of their choice and submit a claim within 90 days for reimbursement.
- Because there is no vision network, members take advantage of special pricing offers from any vision provider.
- Members can save on eyewear frames and lenses purchased at Walmart Vision Centers nationwide.

Vision plan options

Flat Maximum plans

A Flat Max plan provides a maximum annual reimbursement (of \$100 or \$150) for eligible vision exams, lenses and frames collectively.

Maximum Covered Expense (MCE) plans

A MCE plan provides a list of covered vision services and materials with corresponding maximum reimbursement amounts for each.

Fusion Simple	Flat Maximum		Maximum Covered Expense	
	Plan 1 \$100 annual max	Plan 2 \$150 annual max	Plan 1	Plan 2
Benefit frequencies Eyeglass lenses or contacts Frames	Subject to maximum		12 months based on date of service	
Maximum Vision calendar year maximum Combined dental and vision calendar year maximum	\$100	\$150	None	
	See the dental proposal for dental plan coverage and combined maximum			
Annual eye exam	Subject to maximum		No annual eye exam, materials only	
Lenses Single vision Bifocal Trifocal Lenticular Progressive	Subject to maximum		Up to \$35 Up to \$50 Up to \$65 Up to \$70 Up to \$70	Up to \$40 Up to \$60 Up to \$75 Up to \$80 Up to \$80
Frames	Subject to maximum		\$80	\$100
Contacts Elective Fit & follow-up exam	Subject to maximum		Up to \$115 Taken from elective contact lens allowance	Up to \$140
Prescription safety glasses	Subject to maximum		Covered in lieu of regular eyeglasses or contacts; lens and frame allowances apply	

*Available in most states

GR 6110 6-24

Fusion Simple	Flat Maximum		Maximum Covered Expense	
	Plan 1	Plan 2	Plan 1	Plan 2
Monthly rates				
Employee	\$1.00	\$2.20	\$1.00	\$2.20
Employee and family	\$2.25	\$4.70	\$2.25	\$4.70
Employee	\$1.00	\$2.20	\$1.00	\$2.20
Employee and 1 dependent	\$1.95	\$4.00	\$1.95	\$4.00
Employee and 2+ dependents	\$2.65	\$4.95	\$2.65	\$4.95
Employee	\$1.00	\$2.20	\$1.00	\$2.20
Employee and spouse	\$2.00	\$4.35	\$2.00	\$4.35
Employee and children	\$1.75	\$3.80	\$1.75	\$3.80
Employee and family	\$2.75	\$5.95	\$2.75	\$5.95

All rates are valid with an effective date through August 1, 2026, and are guaranteed for 2 years from the effective date of the policy.

These plans can be set up as voluntary (employee pays full cost of coverage), or contributory (employer and employee share the cost of coverage). Voluntary plans may be set to align with the Section 125 plan year.

Plan guidelines

- Employer funding is not required. If no employer contribution is involved, it is assumed the vision plan will be sold in conjunction with a bona fide cafeteria plan regulated by Section 125 of the Internal Revenue code, and it must meet all Section 125 requirements.
- Benefits available for all full-time, active employees working at least 30 hours per week who have completed the designated waiting period. Minimum of 3 or more enrolled lives required
- In no event can a person be covered for the vision benefits and not be covered in the group dental plan or vice versa.
- Dental plans exclude Sensible Choice, brochured products and Preventive/Basic-only type plans.
- A \$15 monthly administrative fee will apply for groups with 15 or fewer enrolled employees, subject to state requirements. The fee is waived if the group elects to pay by electronic funds transfer.

Plan limitations

Covered expenses will not include, and no benefits will be payable for:

- Exams performed, any procedure begun, or supplies furnished before the member was covered under the dental or vision benefit, or after the member's coverage ceases.
- Any procedure not shown in the Schedule of Dental Services or Schedule of Vision Services.
- Any eye exam or corrective eyewear required by an employer as a condition of employment.
- Exams, lenses, contacts and frames more than the frequency on the plan summary page. When chosen, contact lenses are in lieu of any other lens or frame benefit during the 12-month period. When lenses and frames are chosen, expenses for contact lenses are not covered expenses during the 12-month period.
- Replacement or repair of lost or broken lenses or frames except at normal intervals.
- Medical or surgical treatment of the eyes.
- Sub-normal vision aids, orthoptic or vision training or any associated testing.
- Non-prescription lenses, coated lenses, oversize lenses (exceeding 71 mm), photogray lenses, polished edges, UV-400 coating and facets, and tints other than solid.
- Any procedure performed as a result of war or any act of war, declared or not.

Work with your broker to select the plan that's right for you and your employees.



Fusion is not available in Washington. Fusion Simple is not available in Florida for groups with less than 50 lives.

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